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Author: Farrell, Lyn

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**Abstract**

Lyn Farrell of Brisbane North Intellectual Disability Services, writes that "Human services all over the world have been guilty of stigmatising service users through the way in which services are provided and of contributing to the community's devaluing perception of these citizens". She discusses some of the issues which highlight this statement and then provides information on some ways to address these shortfalls. Strategies have included Social Role Valorisation, model coherency and safeguarding. These strategies assists in the aim of keeping the focus squarely on the service user and her or his requirements. **Keyword: Professionals**

# Issues of Morality in Service Provision

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Lyn Farrell, Regional Manager,  
Brisbane North Intellectual Disability  
Services, Queensland Department of  
Family Services and Aboriginal and  
Islander Affairs

## Introduction

*In hindsight, it should come as no surprise that a major focus of recent writings and thinking in the disability field has been about protecting service users from the service itself.*

Human services today have been built on a legacy of institutions and institutional responses followed closely by a new wave of 'enlightened' technologies (drugs, therapies, behaviour modification) some of which have had devastating effects on the lives of the people they were invented to assist. The ends have been seen to justify the means and people applying technologies such as lobotomies, mind-altering drugs and aversive therapies have no doubt been well intentioned.

As Wolfensberger (1989a, 1987) points out, these extreme practices have been joined by a range of other negative practices, perhaps not so obvious at first, but also detrimental to people's lives. Human services all over the world have been guilty of stigmatising service users through the way in which services are provided and of contributing to the community's devaluing perception of these citizens.

Practices such as grouping people with particular disabilities (or even different disabilities) together, segregation from the activities and environments of the general community and using terms and terminology that inadvertently reinforce a devalued status, are but a few examples.

Attention has come to be focused on the need to recognise and be highly conscious of the agendas underlying the actions of service systems and service workers. Aspects include motivation and the values operating, priorities and agendas, morality of actions undertaken and consciousness about what constitutes moral action, decision making processes, the real interests being served, use of resources, and so on.

## Some Criticisms of Services

Recent writings and presentations have highlighted the following issues:

- There has been a proliferation of human service 'systems' as the means of providing support and assistance to people in need and a view that this model is somehow the best way of meeting the vast array of needs that individuals have.
- Hand in hand with this growth of service systems has come an increasing formalisation and bureaucratisation of service provision, with the consequential driving out of informal and ordinary means of supporting people.
- Human service systems develop needs of their own and tend to use up resources which are then not available for direct service to the people being served.
- Because service systems develop a life and culture of their own, complete with specially designed jargon and symbols, many services are operationalised without full consciousness and honesty on the part of service providers of the real values and objectives that underlie their actions.
- Human services practices can be devaluing of the people they serve and such practices send out negative messages to the general community about those people and their value.

Attempts to address these identified shortfalls have led to a number of theories and strategies such as Social Role Valorisation, model coherency, safeguarding, moral leadership, advocacy, and consumer empowerment, to name a few. All aim to keep their focus squarely on the service user and his or her requirements. Some of these ideas are discussed below in more detail.

## Social Role Valorisation

Wolfensberger (1983) has proposed Social Role Valorisation theory as a response to the processes of societal devaluation that occur in all cultures. In his writings on Social Role

Valorisation, he has emphasised the need to have strategies to reduce and prevent any negative characteristics of a person or group that may make a person devalued in the eyes of observers. Secondly, he suggests changing the perceptions and attitudes of the community toward the group is also necessary.

In order to pursue these two strategies, two classes of actions are required - the enhancement of people's 'social image' or perceived value in the eyes of others and the enhancement of their 'competencies'. The former can be assisted by paying attention to such aspects as personal appearance, age appropriateness, physical location and the use of positive language. Competency development can be enhanced by settings which promote skill, the presence of highly individualised programs and intensive tutoring.

In Wolfensberger's (1989a) view, services do not have a good track record in taking care of these important aspects and have in fact added to people's competency and image impairment.

## Model Coherency

The basic premise of model coherency is that the way in which services are provided must be coherent with the underlying philosophy of the service. Wolfensberger (1989b) considers that five major components of a service or program should combine harmoniously with five processes:

Person/client characteristics	WHO
Program content	WHAT
Program processes	HOW
Human manpower	BY WHOM
Human management model	MODEL

"Are the right people, appropriately grouped and using the right methods, getting the right things they need under the right model?"; is the sort of phrase that captures the essence of harmony that coherency refers to.

Service models based on culturally valued analogues have a very good likelihood of having at least some effectiveness. Models based on

positive assumptions about the people being served are more likely to yield better and effective services than ones based on negative assumptions. Services with model coherency are usually informal and small. The more formal a service, the harder it is to have model coherency. In Wolfensberger's view most contemporary human services fare miserably by having formalised substitutes for the type of informal service that is often really needed.

Wolfensberger (1989b) asserts that in the development and implementation of a service model, programmatic assumptions and considerations should always precede and often override other ones (e.g. money, unions, staff demands, etc). In the disability field (as well as other human service areas) many competing models from which to choose have evolved but with little consensus that any model is preferable to any other. Services often fail to properly identify and address clients' needs.

## Safeguarding

The development and putting in place of 'safeguards' is regarded by Michael Kendrick (1992a) as essential for protecting service users from the dysfunctions that inevitably occur in services. He points out that services provided are always the net result of various competing interests (the service user, his/her family, funding, staff, taxpayers, personalities, unions, etc).

There needs to be recognition that all human activities are vulnerable to failure, perversity and goal displacement and that many such shortcomings can be consciously anticipated and minimised by having in place adequate safeguards.

Examples of safeguards include:

- presence of concerned family members in the individual's life;
- presence of committed friends who assume an advocacy stance and commitment;
- consultation with the person being served and/or their friends, family and advocate;
- stated rights regarding limits on the authorities who control one's life;

- extensive preparation of staff in regards to the values that guide services;
- selection of staff who are 'right' for the job;
- keeping services small, coherent and responsive to people;
- the establishment of close monitoring by various redundant measures;
- consumer complaint processes that cannot be ignored;
- obligatory, periodic external evaluation;
- the active presence of consumers and their allies on the governing body of a service;
- submission of plans, proposals and innovations to internal and external comment and critique.

There are of course, many other safeguards that can and should be put in place. Kendrick (1992a) describes safeguards as being **preventative** (e.g. selection of staff who are right for the job), **corrective** (e.g. consumer complaint processes) or **developmental** in nature (e.g. consumer membership of the governing body). He advocates the development of a '**safeguard mentality**' on the part of service providers. That is, the intentional identification of what is valuable and in need of protection, together with the assumption that things will go wrong and the recognition that conscious safeguards can be installed in advance.

## Moral Leadership

Both Wolfensberger (1989a, 1987) and Kendrick (1992b, 1989) have highlighted the significant moral issues and questions facing service agencies and service workers. These may occur on both a systems and a personal level. Both speakers hold that individual service workers need to have a high degree of consciousness about the real effects of their actions and to be fully aware of the extent to which they are standing by and are on the side of the people they serve.

Some of their thoughts on moral leadership as it applies to individual service workers are outlined below, with the term 'leadership' being used in

the broad sense of action taken by anyone, not just people who occupy offices of leadership.

1. Moral leaders ensure that the actual spirit of service is suffused with respect for the value, worth and dignity of persons with disabilities.
2. A key challenge facing leaders is the reshaping and even transformation of service agencies and bureaucracies to be genuinely responsive to the actual needs of the person with a disability and/or their family.
3. To act morally is to fight for a cause because it is right, irrespective of the chances of success and to take personal responsibility in one's life for doing the right thing regardless of what social structure and other people are doing.
4. It is important for there to be deep personal acceptance and inclusion of people with disabilities in relationships and community groups. This can be difficult for people in human services to embrace because it is not an organisational issue and because traditional professional wisdom has advocated 'keeping a professional distance' from service users.
5. Undertaking personal study of values-related material in order to heighten one's awareness of the issues and one's own values is to be recommended.
6. Opening oneself and one's work to other people's scrutiny is a very effective safeguard.
7. One should make careful judgements about who and what one allies oneself with and seek to associate with people and causes that have integrity.
8. Paid service workers often have no direct or personal contact with devalued suffering people, including those they serve and whose lives they control.
9. We should never lose focus on the people being served.

Further information on the concepts and philosophical principles discussed can be obtained from Ms Lyn Farrell, presently Acting Assistant Divisional Head (Specialist Services), Division of Intellectual Disability Services,

Brisbane, who is also associated with the Social Role Valorisation Network, telephone (07) 224 4653.

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